

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	2					
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50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
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